



BANK VERIFICATION NUMBER ENROLMENT FORM

PERSONAL INFORMATION

Title: _____

NAME: _____

Surename _____ First Name _____ Middle Name _____

Marital Status: _____ Gender: Male () Female ()

Date Of Birth(DD/MM/YYYY) _____ / _____ / _____ Nationality _____

State Of Origin: _____ LGA: _____

CONTACT DETAIL:

ResidentialAddress: _____

State Of Residence: _____ LG of Residence _____

Landmark: _____

Phone Number 1: _____ 2: _____

E-Mail Address: _____

Account Number: _____ / _____ / _____

SUPPORTING DOCUMENT

1. International Passport () 3. National Identity Card ()
2. Voters Card () 4. Drivers Licence ()

Agreement Clause

I agree to submit my Biometric information to the bank or its agent as may be required for account opening, maintenance, and operation purposes, to enhance the security of my account and transactions from time to time.

I give permission for the bank to securely store and transmit this biometric data for the purpose of operating my bank account.

I understand that a biometric is a unique physiological data such as fingerprints, iris and hand scans or face and voice recognition, used to positively identify a particular person.

Disclaimer clause

The bank shall not be liable for breaches/disclosures that may occur if it is compelled by law or regulation to disclose customer biometrics data to third parties. However, the Bank shall exercise due care to ensure that the customers is secure and protected.

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Signature and date

BANK ONLY

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a. b.

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Processed By

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Approved By